

Early Stage Uterine Cancer Information

Follow-Up Care Plan

► PART 2 OF 3

Information and resources for
early stage uterine cancer patients
in Manitoba after completion of
treatment.



Moving *Forward*

*after Early Stage
Uterine Cancer*



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Community Cancer Programs | Uniting Primary Care and Oncology

Introduction

Moving Forward after Uterine Cancer

This booklet is Part 2 (of 3) of the Follow-Up Care Plan package. It provides gynecological cancer specific information about:

- follow-up care
- side effects you might be experiencing and what the best course of action might be
- post treatment programs you may be interested in

Part 1 - Personalized Follow-Up Care Plan and Treatment Summary outlines your personal follow-up schedule (including necessary tests and appointments, what symptoms to watch for, and a summary of the treatments you received to treat your gynecological cancer). If you misplace your Part 1, please call your oncologist's office. A new copy can be provided for you.

Part 3 - Moving Forward after Cancer booklet is a general resource focused on wellness and health promotion, the reduction of future risk, and resources and supports available in Manitoba after being treated for any type of cancer.

Part 2 and 3 are available online at movingforwardaftercancer.ca

Please go to www.movingforwardaftercancer.ca for additional information that you may find helpful, such as videos and links to various websites.

Breast and Gyne Cancer Centre of Hope

Call 1-888-660-4866 or 204-788-8080

- Helps you find your way as you move forward after treatment
- Answers questions
- Provides information and support
- Connects you to programs and resources in Winnipeg and across Manitoba

Moving Forward after Cancer Treatment



Follow-Up Care Plan

►PART 3 OF 3



Information and resources for cancer patients in Manitoba after completion of treatment.



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What to Expect After Uterine Cancer & Treatment

You may experience some of the following side effects after treatment for uterine cancer. Some of these side effects may not always be physical problems as emotional and psychological problems are common after treatment. You may also experience other symptoms not listed in the next pages, as everyone's experience is unique. Some of these problems may start immediately while some may take months or even years before they appear; or they may never appear. This section will go over common problems after treatment and provide you with solutions to do at home as well as contact information for people or services that can help you.

It may take time to see your side effects improve or go away. You may need to work with your health care team to try various strategies, medications, and therapies to find what works. Sometimes side effects go away on their own, while others may last for a very long time.

If any of these effects are a problem or are stopping you from doing your usual daily activities, talk about them with us (Gyne-Oncology Team) or your primary care provider.

Detailed resource and contact information can be found in the Gynecological Cancer Support and Resources section of this book.

Moving Forward After Breast or Gyne Cancer Session

Celebrating the End of Treatment

As a patient who has finished treatment you are welcome to join the Moving Forward After Breast or Gyne Cancer Session. Here you will learn, share, and ask questions to help move forward after your cancer treatment. This session is provided by our nurses as well as a social worker.

Topics of Each Session include:

- Side effects left behind from treatment
- Sexuality, intimacy and dating
- Emotional impact of cancer
- Living with hope, and the fear of recurrence
- Getting back to work
- Follow-up care/role of your family doctor

FOR MORE INFORMATION AND TO REGISTER, CALL:

204-788-8080 or Toll Free: 1-888-660-4866

Where: Breast and Gyne Cancer Centre of Hope

691 Wolseley Ave

There is no charge for this session.

Family members are welcome to attend.

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Anxiety - feeling worried and unable to relax</p> <p>It is very common to experience increased anxiety during and after treatment as you cope with many life changes, decisions, and challenges</p>	<ul style="list-style-type: none"> • Learn what triggers your anxiety and what helps you relax • Seek support from your family, friends, spiritual or religious groups, support groups, and counsellors • Practice mind-body activities such as breathing techniques, restorative yoga, meditation, guided imagery, soothing music, and mindfulness 	<ul style="list-style-type: none"> • Talk to us (Gyne-Oncology team) about how you are feeling • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109 for counselling and support programs
<p>Bowel changes:</p> <ul style="list-style-type: none"> • Diarrhea • Constipation • Bowel blockage (belly pain, nausea, vomiting, not able to pass gas or bowel movements) 	<ul style="list-style-type: none"> • Stool softeners (found at any pharmacy) can be a mild way to help soften constipated/hard stools • Try to identify the foods that trigger you to have an urgent bowel movement or diarrhea • Practice Kegels (see Exercise section for instructions) 	<ul style="list-style-type: none"> • Contact CancerCare Manitoba's Dietitian team at 204-787-2109 or 1-866-561-1026 extension 2109 • Ask your health care provider about going to a Pelvic Floor Physiotherapy centre • <i>If you are unable to have a bowel movement for over 4 days, or are having persistent liquid stool, contact your health care provider as soon as possible (or closest emergency department)</i> • <i>Remember that persistent changes in your bowel movements for over 3 weeks should always be investigated by your health care provider</i>
<p>Unplanned weight loss - losing weight without trying</p>	<ul style="list-style-type: none"> • Eat small frequent meals that are high in protein • Keep a food diary 	<ul style="list-style-type: none"> • Talk to your primary care provider or us (Gyne-Oncology team) • Contact CancerCare Manitoba's Dietician team at 204-787-2109 or 1-866-561-1026 extension 2109

What to Expect After Uterine Cancer & Treatment

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Depression:</p> <ul style="list-style-type: none"> • feeling sad, irritable, or hopeless • loss of appetite • trouble sleeping • mood swings <p>Depression is common after treatment for cancer, since many people fear the cancer will return. Many people also have difficulty coping with the diagnosis of cancer and/or treatment. If these feelings persist, seek help</p> <p><i>Some mood changes may also be due to changes in hormones after surgery or treatment</i></p>	<ul style="list-style-type: none"> • Getting adequate sleep, physical activity, time outside in the sun, and social interaction can be helpful. Often the same things you don't feel like doing when you are down are actually the things that help manage a depressed mood • Practice mind-body activities such as breathing techniques, restorative yoga, meditation, guided imagery, soothing music, and mindfulness • Join support groups and peer counselling networks • Exercise as you are able 	<ul style="list-style-type: none"> • Talk to us (Gyne-Oncology team) about how you are feeling • Ask us about Treatment Induced Menopause if you feel hormonal changes may be a factor in your mood changes • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109 for counselling and other programs • If you have any thoughts about harming yourself or anyone else, call the crisis line at 204-786-8686, call 911 or go to the nearest emergency room immediately
<p>Fatigue (feeling constantly tired)</p>	<ul style="list-style-type: none"> • Exercise - be physically active if you can (start with 10 minutes twice a day) • Rest when you feel tired and nap during the day if you need to (be careful not to nap too late in the day as this can affect your ability to sleep at night) • Examine your sleeping environment and make improvements where possible • Try eating five to six small meals a day instead of three large ones - this helps your body to stay energized throughout the day • Drink lots of fluids • Practice mind/body activities such as breathing techniques, restorative yoga, guided imagery, soothing music, and mindfulness 	<ul style="list-style-type: none"> • Talk to us (Gyne-Oncology team) and/or ask for a referral to an Occupational Therapist • There are a variety of programs that may help you with your fatigue. Contact CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109 • Contact the Nurse Gyne Cancer Patient and Family Educator at 204-788-8039 • Go to http://cancercare.mb.ca/fatiguemgmtvideos for tips at combating fatigue!

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Vaginal changes</p> <ul style="list-style-type: none"> • Pain with sex • Vaginal dryness • Narrowing of vagina causing difficulty with screening pelvic exams 	<ul style="list-style-type: none"> • Try a vaginal moisturizer available at any pharmacy (Replens*) • Use a lubricant prior to intercourse (a plain, clear, water based gel) • See Treatment Induced Menopause section on the next page for more tips 	<ul style="list-style-type: none"> • Contact the CancerCare Manitoba Sexuality Counsellor directly at 204-787-4495 or toll-free at 1-866-561-1026 extension 4495 • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109 • Talk to us (Gyne-Oncology team) about a referral to a Physiotherapist • Contact the Breast and Gyne Cancer Centre of Hope at 1-888-660-4866 or 204-788-8080
<p>Hernia - when an organ exits through the walls around it</p>	<ul style="list-style-type: none"> • Wear supportive clothing • Be careful when lifting • If you have severe abdominal pain, seek medical attention 	<ul style="list-style-type: none"> • Ask for an abdominal binder from us (Gyne-Oncology team) • Ask your primary care provider or us (Gyne-Oncology team) if surgical hernia repair is an option if symptoms are affecting your quality of life
<p>Infertility</p> <p>Treatment for cancer can affect your ability to have a baby in the future. This can be upsetting and most people need support and information</p>	<ul style="list-style-type: none"> • Communication with your partner is very important 	<ul style="list-style-type: none"> • Talk to us (Gyne-Oncology team) about a referral to the Heartland Fertility Clinic, 204-779-8888. <i>You can also contact them directly, however they do need details of your cancer history and treatment</i> • Contact the CancerCare Manitoba Sexuality Counsellor directly at 204-787-4495 or toll-free at 1-866-561-1026 extension 4495
<p>Intimacy and sexuality</p> <p>(Relationship intimacy, and sexuality, including body image and sexual activity)</p>	<ul style="list-style-type: none"> • Communicate openly with your partner about what you are thinking and feeling • Spend time touching and talking - sexuality is about connection and not just about sex • Be patient and kind with yourself and your partner as you recover 	<ul style="list-style-type: none"> • Contact the CancerCare Manitoba Sexuality Counsellor directly at 204-787-4495 or 1-866-561-1026 extension 4495 • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109 • Call the Gyne Cancer Patient and Family Educator Nurse at 204-788-8039 or 1-888-660-4866

* CancerCare Manitoba offers this list as information and does not endorse any particular product or service.

What to Expect After Uterine Cancer & Treatment

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Treatment Induced Menopause: menopause caused by surgical removal of both ovaries, chemotherapy, or pelvic radiation, even if several years after initial menopause</p> <p>Common Menopause Symptoms:</p> <ul style="list-style-type: none"> • Hot flashes • Night sweats • Problems sleeping or falling asleep • Weight gain • Vaginal dryness or vaginal itching • Some loss of bladder control • More frequent bladder infections • Mood swings or getting easily irritated • Problems with memory and concentration 	<p>Hot Flashes and Night Sweats</p> <ul style="list-style-type: none"> • Exercise regularly • Use fans when warm • Wear natural and moisture-wicking fabrics and dress in layers • Avoid drinking caffeine and alcohol • Choose cold food and drinks • Sleep in a cold room • Adjust bed covers (lighter/ moisture-wicking) • Try a vitamin E supplement <p>Vaginal Dryness and/or Painful Intercourse:</p> <ul style="list-style-type: none"> • Use lubricant prior to intercourse • Try regular intercourse 1-2 times per week • Use vaginal moisturizer 3 times per week • Use dilators as directed • Local estrogen or hormone replacement therapy may be an option- talk to us (Gyne-Oncology team) <p>Examples of lubricants: Astroglide*, K-Y Intrigue*</p> <p>Vaginal Moisturizers are non-hormonal products that do not require a prescription. Vaginal moisturizers are different than lubricants – they last longer and are not usually used for sexual activity. They are used to improve vaginal health by helping tissue regain moisture and stretch, and are important for sexual health as well as your follow up pelvic exams and Pap test</p> <ul style="list-style-type: none"> • Try using water soluble vaginal moisturizers for personal moisture • Use at bedtime, 3 to 5 times per week, for a minimum of 3 months • Examples of Moisturizers: Replens*, Vitamin E, Gynatrol* <p>Vaginal Estrogens are used to treat vaginal atrophy (when the vaginal walls get thinner and less stretchy). It can be applied to and absorbed into the genital area. They can be placed in the vagina, or applied to the vulva. Discuss this option with your gyne oncologist prior to use. Requires a prescription</p> <p>Examples of Vaginal Estrogens: Vagifem*, Premarin*.</p>	<ul style="list-style-type: none"> • Talk to us (Gyne-Oncology team) as there are several medications that can help manage the symptoms of Treatment Induced Menopause • Hormone replacement therapy (HRT) can often be used. The amount of prescribed estrogen is much lower than the amount of hormone naturally made by the ovaries in premenopausal women • Non-hormonal options such as Effexor* may also help with symptoms such as hot flashes and mood changes • Contact Gyne Cancer Patient & Family Educator for more information and resources at (204) 788-8080 • Contact the CancerCare Manitoba Sexuality Counsellor directly at 204-787-4495 or 1-866-561-1026 extension 4495. • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109 • Talk to us (Gyne-Oncology team) about a referral to a Physiotherapist

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Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Lymphedema- Can be caused by removal of the lymph nodes with surgery.</p> <p>Signs and symptoms:</p> <ul style="list-style-type: none"> • Swelling or puffiness in the leg • Ache or pain in the leg • Difficulty moving the leg • Tightness of skin • Leg heaviness <p>Call your doctor to make a diagnosis of lymphedema</p>	<p>How can I reduce my risk of developing lymphedema or decrease the effects in the future?</p> <ul style="list-style-type: none"> • Watch for signs of infections (redness, pain, swelling, hot spots) and seek medical attention ASAP • Reducing or maintaining body weight can help prevent lymphedema 	<ul style="list-style-type: none"> • Talk to a lymphedema specialist at the Lymphedema Association of Manitoba www.lymphmanitoba.ca. • A physiotherapist may help • Contact the Vodder School for a specialized physiotherapist www.vodderschool.com. * • Contact Gyne Cancer Patient & Family Educator for more information and resources at (204)-788-8080
<p>Loss of muscle strength and/or weight gain</p> <p>(Trouble with daily activities, exercising, and/or unwanted weight gain)</p>	<ul style="list-style-type: none"> • Follow the Canada Food Guide for healthy eating recommendations • Keep a food diary • Participate in regular activity, such as walking, yoga, or pilates • Start with ten minutes of physical activity twice a day and work your way up to your new goal! 	<ul style="list-style-type: none"> • Talk to us (Gyne-Oncology team) about being active and/or ask for a referral to a registered dietitian in your community or at CancerCare Manitoba at 204-787-2109 or 1-866-561-1026 extension 2109 • Ask for a referral to a physiotherapist or athletic therapist if further support is needed • Look for an exercise facility in your community • Contact your regional Nurse Navigator for current programming
<p>Urination problems due to surgery</p> <ul style="list-style-type: none"> • frequent need to pee • difficulty emptying bladder • need to wear a pad 	<ul style="list-style-type: none"> • Practice Kegels (see Exercise section of this booklet for instructions) • Empty bladder frequently and regularly • Avoid bladder irritants in your diet such as coffee and spicy food • If self catheterizing, do so prior to intercourse • Wear cotton panties 	<ul style="list-style-type: none"> • Talk to your primary care provider or us (Gyne-Oncology team) about how you are feeling • Riverview Incontinence Program - physician or nurse referral required 204-478-6108 • Incontinence & Pelvic Pain Clinic (Nova Physiotherapy & Sports Injury Clinic) 204-982-9176* • Wellness Institute at Seven Oaks Hospital - Physiotherapy services 204-635-3900

Diet, Nutrition & Bowel Changes Following Uterine Cancer



Bowel Changes

Bowel changes can be short term (less than 3 months) or chronic (more than 3 months). Changes can make it hard to get back into your regular diet. Your stools may be:

- Too hard or too soft.
- Not often enough or too frequent.
- Loose, irritable, or gassy.

Surgery can cause adhesions (scar tissue in or around the bowel). Adhesions can cause a bowel obstruction (the bowel becomes blocked and stool does not pass).

Some tips that you may find helpful to manage bowel changes are:

- Talk to the dietitian at CancerCare Manitoba by calling 204-787-2109 to arrange an appointment.
- Slowly add foods back into your diet, in small amounts, one at a time.
- Try probiotics.

Contact us (Gyne-Oncology team):

- To review medications that can help.
- If your bowel movements change months after treatment and stay that way for 3 weeks.
- If you are unable to have a bowel movement for over 4 days (you may also go to the emergency department).

Call us as soon as possible with changes in your bowels that last for over 3 weeks.

Chronic bowel problems can cause problems when eating:

- Fruits.
- Vegetables.
- Whole grains.
- Foods with fibre: Example legumes, beans, lentils etc.

As symptoms improve, slowly try and add these foods to your diet. If you have diarrhea, gas, or cramping after trying a food, avoid that food and try again at a later time.

Tips for Controlling Constipation:

- Eat at the same time each day.
- Move your bowels at the same time each day.
- Drink 8 or more cups of liquid every day (example: water, juice, soup). You need liquids to help keep stool soft (more if drinking alcohol or exercising a lot).
- Do some light exercise after each meal such as walking.
- Check with your family doctor before using product containing methyl-cellulose or psyllium (example: Metamucil or All Bran Buds). They can cause more constipation if are dehydrated.
- Choose foods that help with bowel movements.
- Examples: prune, apple, grape, pear, papayas, kiwis, and rhubarb. Use with caution. If you have had radiation you may need to avoid these foods.
- Stool softeners (found at any pharmacy) can help soften hard stools.
- Practice Kegels (see Exercise section for instructions).

Tips for managing diarrhea/frequent bowel movements, cramping, and abdominal gas:

- Sip liquids slowly during the day (6-8 cups per day).
- Drink liquids between meals not with meals.
- Eat smaller meals more often.
- Peel and remove seeds when eating fruit and vegetables.

Limit:

- Drinks containing caffeine (such as coffee or cola soft drinks).
- Alcohol.
- Fatty or greasy foods (eg. French fries, fried meats, bacon, potato chips, gravies, and rich desserts).
- Spicy foods.

Eat more foods with soluble fibre:

- Examples: oatmeal, oat bran, barley, white rice, bananas, white bread, applesauce, and canned fruit such as peaches and pears).

Eat fewer foods with insoluble fibre:

- Examples: wheat bran, whole grain breads and cereals, beans, peas, popcorn, and raw vegetables (well cooked vegetables are ok).

For more recommendations and information about maintaining a healthy body weight and eating well, please refer to Part 3 - Moving Forward After Cancer Treatment booklet and the Canada Food Guide.

Contact CancerCare Manitoba's Dietitian team at 204-787-2019 or toll-free at 1-866-561-1026 extension 2109.

Exercise & Activity Following Uterine Cancer

Research shows that regular exercise and healthy lifestyle choices can:

- Improve your overall health
- Lessen risk of developing another cancer
- Lessen risk of developing a chronic illness
- Improve your physical, emotional, social, and spiritual health

In Part 3 of this package called “Moving Forward After Cancer Treatment,” which is also available on our website at www.movingforwardaftercancer.ca, you will find suggestions to help you stay healthy and information on resources to help you:

- Maintain a healthy body weight
- Quit smoking
- Exercise regularly
- Reduce your alcohol intake
- Eat a healthy diet
- Be sun safe to help reduce your risk of skin cancer

Being physically active after treatment is important even if you were not active before cancer. Research on exercise and cancer shows benefits. These include:

- An improved quality of life
- **Less:** Fatigue, peripheral neuropathy, depression, anxiety & sleep problems

For more advice and tips on how to get started with exercise and activity, see the **Part 3 - Moving Forward After Cancer Treatment** booklet. **Always check with your primary care provider before starting an exercise plan.**

Exercise Precautions Following Gynecological Cancer

- If you have swelling in the abdomen, groin, or lower extremity talk to us before starting to exercise your lower body.
- You should be assessed for lymphedema before vigorous exercise or resistance training is started.
- If you have lymphedema you should:
 - Exercise under the care of a lymphedema specialist or your medical team,
 - Wear a well-fitting compression garment during exercise,
 - Be careful to prevent injury to the lower body.
- If you have osteoporosis know your risk for fractures.
- If you have peripheral neuropathy seated or supported exercise (such as a stationary bike or water-walking) is better than weight bearing or standing/stepping exercise (such as jogging or dancing).
- Part 3 - Moving Forward After Cancer Treatment has further precautions you may need to take when starting to exercise.

Exercise with Bowel Problems

As mentioned earlier in this book some patients have side effects from treatment that can change your bowel habits. Exercising can speed up your food digestion.

Here are some tips for exercise:

- Go to the bathroom before exercising
- Take short breaks to go to the bathroom during exercise
- Know where the nearby washrooms are before you start exercising

- Sip water throughout your activity; do not gulp down large amounts before your activity or early on
- The more intense the activity, the more you sweat, the more water you need to drink
- With stress/ urgency incontinence or the need to pee often or urgently a pad or panty liner can help, as well as doing regular Kegel exercises. Talk to us (Gyne-Oncology team) if you are having these problems.

Kegel Exercises

How do I learn how to do Kegel exercises?

First ask your primary care provider how to do them right. He or she can help you get started. It is sometimes hard to figure out the right muscles to tighten for a Kegel. Use the diagram below to help guide you.

A woman might learn to do Kegel exercises by:

- Putting a finger inside her vagina and squeezing the muscles around her finger; or
- Pretending that she is sitting on a marble and has to pick up the marble using her vagina.

It is important to know that the muscles involved are **not** in your belly or thighs.

After you learn which muscles to tighten, you can do the exercises in any position (sitting in a chair, standing or lying down). You do not need to do them while you are in the bathroom.



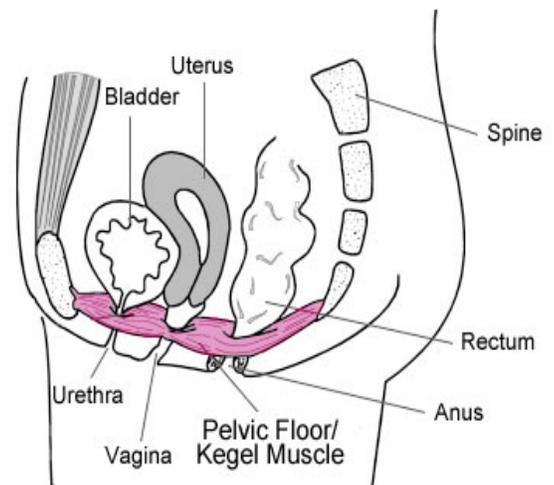
The mobile phone app **Gynzone** has a daily Kegel routine you can follow and customize as you need. Go to www.gynzone.net to download it.

How often should I do the exercises?

Do the exercises 3-4 times a day, every day if possible, otherwise at least 4 days a week. Each time, flex your muscles 8 to 12 times, and hold them tight for up to 10 seconds each time you tighten, and relax them for 10 seconds between contractions. If you do Kegel exercises regularly, you can expect results within a few months. For continued benefits, make Kegel exercises a permanent part of your daily routine.

How do Kegel exercises help? Kegel exercises can help:

- Reduce urine leaks in people who have “stress incontinence”, which means they leak urine when they cough, sneeze, laugh, or strain.
- Control sudden urges to urinate that happen to people with “urgency incontinence” (urgency incontinence is also known as urge incontinence - when you feel like you have to pee “right now” or very often and often results in leaking before getting to the bathroom).
- Control the release of gas or bowel movements.
- Reduce pressure or bulging in the vagina caused by pelvic organ prolapse. (If you have a bulge in the vagina, contact us, the Gyne-Oncology team, to find out the cause).
- Might also be helpful for women who have persistent difficulty reaching orgasm.
- If you are still having problems despite regular Kegel exercises, especially if you have had a history of radiation, you may benefit from **support by a Physiotherapist that specializes in helping strengthen the pelvic floor muscle. Talk to us (Gyne-Oncology Team) about pelvic floor physiotherapy.**



Recurrence: Are You Worried Cancer May Return?

A part of follow-up is to try to find any recurrence of cancer as early as possible (when cancer comes back after treatment, it is called recurrence). You might find it hard not to worry about the cancer coming back. This is a very common worry for people who have had cancer.

If uterine cancer does return, it is usually within the first 3 years after diagnosis. After 3 years, the chance of the cancer returning drops steadily year after year. **It is very important to attend all of your follow-up appointments.** During these visits, your doctors will ask about any problems you may have, examine you and do imaging tests to look for signs of cancer or treatment side effects.

If cancer does come back, the treatment options will depend on:

- The treatment you have already had
- Your overall health
- Where the reoccurrence is found in your body

Treatment for reoccurrence can be used for:

- Curative intent (goal is to cure the cancer)
- Control of the cancer (no longer curable)
 - To decrease symptoms caused by the cancer
 - To extend your life

What to Watch For - Be Alert To The Following Signs

Talk to us (Gyne-Oncology Team) and your primary care provider if you notice any of these changes in your health **as soon as possible** as they may indicate a recurrence:

- Any unexplained bleeding
- New lumps in your neck and groin area

Talk to us (Gyne-Oncology Team) and your primary care provider if these **symptoms are new to you and last more than three weeks:**

- A change in your vaginal discharge
- A change in your bowel movements, especially thin, looser stools or constipation
- A new or unexplained pain or pressure in your abdomen, back, or pelvis
- Bloating and increased abdominal size
- Nausea
- Indigestion
- Loss of appetite
- Feeling full quickly or difficulty eating
- Unexplained weight loss
- Increase in need to urinate (pee) or urinating more frequently
- Lack of bladder control
- Inability to fully empty bladder
- Large change in energy or ability to be active
- Fatigue (feeling constantly tired)

Screening Recommendations For Family

Although **very rare**, some cancers such as ovarian, colorectal, stomach, pancreatic, brain, breast, urinary tract, and some skin cancers, have been shown to be connected with uterine cancer if a genetic mutation is involved. A genetic mutation is a change in your gene that is different from what is found in most people. It is important to talk to your family members about your diagnosis with uterine cancer, since they may be at a higher risk for developing cancer.

It is important to know that **most uterine cancers are not related to a genetic mutation**. Family members should talk to their primary care provider about your cancer to ensure a close assessment of any symptoms that may arise so that the appropriate tests and referrals can be made if needed.

Screening Recommendations:

- There is no standard screening available for uterine cancer.
- Uterine cancer usually starts in early stages with abnormal vaginal bleeding. If your family member ever experiences any unexplained abnormal vaginal bleeding, or **ANY** vaginal spotting or bleeding after menopause, an Endometrial Biopsy should always be performed. This is a simple test that can typically be done in their family practitioner's office, or if needed, an urgent referral can be sent to their gynecologist in order to perform one. An ultrasound should also be considered in order to look for any abnormal uterine thickness or masses in the uterus or pelvis that may be causing the abnormal bleeding.
- Although not as likely, if a uterine cancer does not cause any abnormal bleeding, it may grow large enough to push on the bowels and/or bladder, or other abdominal organs. If the following symptoms arise with no known cause, and persist for three weeks, a physical exam including abdominal, pelvic, and rectovaginal exam (a test where a health care provider inserts one finger into the vagina and another finger into the rectum), and a transvaginal ultrasound (an ultrasound that uses a small probe that is inserted into your vagina) should be done to rule out uterine and ovarian cancer.

Have your family members contact their primary care provider if they notice any of the following symptoms that are new to them and last for **longer than 3 weeks**:

- Abdominal pain
- Pain in the pelvis
- Bloating
- Abdomen increases in size
- Difficulty eating
- Feeling full quickly
- Increase in need to urinate (pee) or urinating more frequently (and not making it to the toilet on time)
- Persistent increase in indigestion
- Unexplained change in bowel habits or consistency of stool
- Unexplained changes to period

Talk to Your Health Care Team If.....

Talk to your health care team about the possibility of an inherited (genetic) cancer syndrome if your family has:

- Multiple family members with disease (ovarian, fallopian tube, peritoneal, endometrial, breast, or colorectal cancer or adenomatous polyps)
- Multiple family members with a history of hereditary cancer syndrome or of Ashkenazi Jewish ancestry
- Disease at a younger age (less than 45 years old)
- Many cancers in multiple generations

Your primary care provider or oncologist may consider a referral for genetic testing.

Emotional and Psychological Impact of Cancer and Treatment

Living With Hope and Uncertainty

A cancer diagnosis and treatment can be a traumatic life event. Some women wonder how they will move forward after going through this life-changing time. After treatment is done you may feel a bit lost. Family and friends are happy your surgery is over. You did it! They are grateful you are done so you can “get back to normal”. You may not feel as excited.

Professional support is available to patients and families free of charge and without a referral, even after being discharged from the cancer clinic. Counselling is available in person, by phone or by video conference through MBTelehealth.

Patient and Family Support Services

Patient and Family Counselling

Cancer affects not only the physical body, but also the emotional, social, and spiritual needs of a person and their family or loved ones.

- Many individuals and families have found it helpful to talk to a professional counsellor.
- The counsellors at CancerCare Manitoba have experience, training, and knowledge to help you and your family cope with cancer and its treatments.
- A counsellor can meet with you, or together with you and your family. Family and loved ones are also welcome to meet on their own.
- **Call 204-787-2109 or toll-free at 1-866-561-1026 to request an appointment.**



www.cancercare.mb.ca under Patient and Family, click Current Program Listing

I worry about the cancer coming back – particularly when I have aches or pains. What will help?

Many people worry about the cancer coming back – the good news is the worry usually lessens over time.

- Practice a healthy lifestyle (physical, psychological, emotional, and spiritual)
- Maintain a good relationship with your health care provider
- Maintain a sense of hope and optimism
- Seek support from family, friends, support programs, and professionals
- Stay up to date on uterine cancer resources

I think I may be depressed. Is this normal? Why now?

Many women feel sad, fatigued, scared, angry, or overwhelmed after treatment. Some develop depression. Ensure you talk with your doctor about how you are feeling. Many people benefit from counselling and/or medication. Getting adequate sleep, physical activity, and social interaction can be helpful. The same things you don't feel like doing when you are down are actually the things that help manage depressed mood.

Make sure you let someone close to you know how you are feeling and consider counselling through Patient and Family Support Services. **If you have any thoughts about harming yourself or anyone else, call the crisis line at 204-786-8686, call 911 or go to the nearest emergency room immediately.**

I'm feeling anxious. Is this common?

Increased anxiety is very common during and after treatment as you cope with many life changes, decisions, and challenges. Research shows counselling and/or a combination of medication and counselling is very effective for helping with anxiety. Other strategies known to be helpful include:

- Learn what triggers your anxiety and what helps you relax
- Talk to your family physician about your concerns
- Seek support from family, friends, spiritual, religious groups, support groups, and counsellors
- Practice mind/body activities such as breathing techniques, restorative yoga, meditation, guided imagery, soothing music, and mindfulness.

Did stress cause my cancer?

We really do not know what causes uterine cancer. Medical researchers are still exploring the relationship between stress and the function of the immune system.

Stress is a normal part of life and can occur during both difficult and joyous times. Stress can never be eliminated, but reducing it will likely help you feel calmer and more in control of your life. Reducing stress can lead to a greater sense of health, well being, and happiness.

My family and friends think I should be “over it” by now, but I’m not. Is this normal?

People in your life often do not know what to expect once treatment is over. They just want you to be well but this may take much longer than others expect. It will likely take time for you, your family, and your friends to figure out your new normal. Give yourself permission to ask for help. Try your best to be honest with people about how you are feeling, and what you need. Don't forget to be patient and kind to yourself.

I have noticed some of my relationships have changed. What can I do?

Once treatment is over, it is common to find that some relationships may have deepened while others are less close. You may feel hurt or disappointed in some people, and pleasantly surprised by others. Consider letting others know how you feel, or perhaps it is enough to know they did the best they could.

Now that I am feeling better, my family seems to be struggling. Is this normal?

Now that your family can be less worried about you they may need time to deal with their own feelings. Counselling is available from CancerCare Manitoba Psychosocial Oncology for friends and family as well as patients.

When should I return to work?

You need time after treatment is done to recover psychologically and physically. Physical recovery after surgery usually takes about 6 weeks with some women back to work at that time. Psychological recovery can take longer.

When treatment is over people begin to notice the emotional impact of the journey. This may be the first time you have had the energy to process what you have just been through. This may be a good time to seek support from other cancer survivors or supportive care professionals.

Talk with your healthcare team and workplace/disability provider to decide the right timing for you. A gradual return to work may be best. Patient and Family Support Services offers many supports and programs to aid in your recovery.

You can also use www.cancerandwork.ca to help you with going back to work.

Emotional and Psychological Impact of Cancer and Treatment

Finding your new normal...

After putting a lot of energy into treatment and healing, some people find it difficult to adjust to life after cancer treatment.

Your family and friends may be expecting you to be back to your old self. They are likely looking forward to life returning to normal. The reality is that things have likely changed for you. You may feel different or look at life differently than you did before cancer. This can be confusing and frustrating for everyone involved.

The completion of the cancer treatment is often a time when people begin to recognize the emotional impact of the experience. This may be the first time you have actually had the energy to process what you have just been through. This may be a good time to seek additional support from other cancer survivors or supportive care professionals.

It will likely take time for you, your family, and your friends to discover your new normal. Give yourself permission to ask for help. Try your best to be honest with people about how you are feeling, and don't forget to be patient and kind to yourself.

To find information on programs and group sessions check:

- Navigator newsletter
- CancerCare Manitoba website www.cancercare.mb.ca
- Call CancerCare Manitoba, Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 ext #72109 and ask to speak to a counsellor who can help you sort out which programs may be the best fit for you.

All CancerCare Manitoba Patient and Family Support Services programs are offered at no cost to the participants.

“Who Am I Now?” - Narrative Practice Support Group

For women who have completed treatment of any type of cancer. Call Patti 204-258-1073.

Expressive Arts Group for People with Cancer

A CancerCare Manitoba Patient and Family Support Services program for people who have been treated with any type of cancer in the past 2 years. Use creativity and art-making in supportive group therapy to explore your cancer experience. Please call 204-787-1325 for more information and to register.

Mindfulness Practice

A CancerCare Manitoba Patient and Family Support Services eight week program for people living with cancer and their families interested in mindfulness. Please call 204-787-4122 for more information and to register.

After Treatment Programs

Moving Forward after Cancer Wellness Program is a free workshop series for patients with all cancers following treatment. The focus is on taking control of your survivorship and getting back to wellness. It is also a chance to meet others who have been through similar experiences.

Please call CancerCare Manitoba Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension #72109 for more information and to register.

Get Better Together is a free 6 week workshop designed to help Manitobans with ongoing health conditions take control of their health. Topics include healthy eating, communication, physical activity, and pain management. Supported by Manitoba Health and Regional Health Authorities. Please call 204-632-3927 to register.

Gynecological Cancer Support & Resources



Support Groups

Professionally led face-to-face and online support groups provide an environment for those living with cancer with an opportunity to interact with others in similar situations.



HysterSisters – Online Support Forums and Information from diagnosis to surgery through recovery and beyond. Covering: pre-op, post-op, gynecologic treatment options, surgical procedures, fibroids, endometriosis, menopause, hormonal issues, pelvic floor, GYN cancer, oophorectomy, sexual dysfunction, and a step-by-step guide through the weeks before and after hysterectomy - the surgical removal of the uterus.

www.hystersister.com



Online Support Groups

• **Cancer Chat Canada** – professionally facilitated on-line support groups for people affected by cancer
www.cancerchatcanada.ca



For information on gyne cancer support groups in your community, call CancerCare Manitoba Breast & Gyne Cancer Centre of Hope at 1-888-660-4866.

Peer Support



It can be helpful to talk with someone who has had gyne cancer and finished treatment. A Peer Support Program can offer a match with a trained volunteer that has had a similar experience with cancer. All information is confidential. Volunteers do not provide medical advice or counselling. Peer support is offered by phone or in person.

To arrange to talk with a peer support volunteer, call:

• **CancerCare Manitoba Breast & Gyne Cancer Centre of Hope** - Peer Support Program
204-788-8080 or 1-888-660-4866



How to contact Navigation Services

Your family doctor, nurse, or any other health care professional can refer you to the Nurse Navigators. Patients and families can also contact the Nurse Navigator directly for more information about cancer diagnosis, treatment, or follow-up care. Contact the Nurse Navigator in your region if you have questions or concerns about your follow-up care.

Health Authority - Cancer Navigation Services Toll-Free Phone Number

Winnipeg Regional Health Authority 1-855-837-5400

Southern Health - Santé Sud 1-855-623-1533

Interlake - Eastern Regional Health Authority 1-855-557-2273

Northern Regional Health Authority 1-855-740-9322

Prairie Mountain Health 1-855-346-3710

Gynecological Cancer Support & Resources

Resources



Gyne Cancer Patient & Family Nurse can offer diverse support and can meet with you personally to go over any problems you may be facing. Call 204-788-8039 or Toll free 1-888-660-866.

Please see the Additional Supports and Resources section in the Part 3 - Moving Forward After Cancer Treatment booklet for other support groups you can access. You might want to talk with your Gynecology Oncology Counsellor who can help you sort out which group or program might be the best fit for you. Call 204-787-2109 for an appointment.



Websites – Cancer Information: The Internet is a great source of information, but it is also full of misinformation. This website is one you can rely on to provide you with accurate information about gynecological concerns:



Canadian Cancer Society

www.cancer.ca/cancer-information/cancer-type/fallopian-tube/fallopian-tube-cancer/?region=on

Foundation for Women's Cancer

www.foundationforwomenscancer.org



National Cancer Institute

www.cancer.gov/types/ovarian/patient/ovarian-epithelial-treatment-pdq

Moving Forward After Breast or Gyne Cancer

Celebrating The End of Treatment



**Have you finished treatment for breast or gyne cancer?
Do you have questions about what happens next?
Are you still having side effects from treatment?**

You are invited to an information session to learn, share and ask questions to help move forward after your cancer. This session will be provided by our nurses and a social worker.

Topics at each session include:

- Side effects left behind from treatment
- Sexuality, intimacy, dating
- Emotional impact of cancer
- Living with hope, and the fear of recurrence
- Getting back to work
- Follow up care / role of your family doctor



FOR MORE INFORMATION AND TO REGISTER CALL:

204-788-8080 or Toll Free 1-888-660-4866

Where: Breast & Gyne Cancer Centre of Hope

691 Wolseley Avenue

There is no charge for this session.

Family members are welcome to attend.

Glossary

Anxiety: a state of being uneasy, apprehensive, or worried about what may happen; concern about a possible future event.

De-conditioning: the loss of physical fitness, strength, or ability.

Depression: a common condition that affects your mood, resulting in feelings of sadness, hopelessness, inadequacy, worry, and dejection. Depression can affect your appetite, your motivation to perform daily activities, and your relationships.

Diagnosis: identification of a disease by means of a medical examination, signs, symptoms, laboratory tests and radiological findings.

Dietitian: licensed professional with specialized training in human nutrition who advises individuals on healthy eating.

Fatigue: physical or mental exhaustion; weariness.

Hypertension: high blood pressure.

Menopause: when a women no longer gets her period.

Occupational Therapist: a specialist in the treatment of physical or mental illness that works to improve a person's ability to perform daily activities.

Physiotherapist: a person qualified to treat disease, injury, or impairment by physical methods such as massage, heat treatment, and exercise.

Psychosocial Clinician: a person with specialized training to talk with you and help you to regain social, emotional, and spiritual health. They specialize in assisting you with the quality of life aspects of cancer.

Recurrence: the return of cancer after a period of time when the person was considered cancer-free (remission).

Remission: a period of time during a serious illness when there are few or no signs or symptoms of the illness.

Side Effects: non-intended symptoms caused by medicine or treatment, such as nausea, rash, anxiety, or constipation.

Symptom: a sign or indication of a particular disease or disorder.

Treatment Induced Menopause (TIM): the start of menopause due to medical treatment.

Urgency or Stress Incontinence: not making it to the toilet in time, urinating (peeing) in your pants or leaking.

Frequency: having to pee very often.

Urgency: feeling like you have to pee "right now".

You can have both urgency and frequency in regards to urgency incontinence.

Vitamins: any of a group of substances that are found naturally in many foods; vitamins are necessary in small quantities for good health and normal development and functioning.

Notes

